

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 201
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Taddeo for Congress

Full Name (Last, First, Middle Initial) A. Mitchell W Berger		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>07 / 14 / 2015</div> </div>
Mailing Address 350 E Las Olas Blvd Ste 1000		Transaction ID : VPFHSEX06Q5
City Ft Lauderdale	State FL	
Zip Code 33301-4215		Amount of Each Receipt this Period <div> <div></div> <div>989.34</div> </div>
FEC ID number of contributing federal political committee. C		
Name of Employer Berger Singerman	Occupation Attorney	* Earmarked Contribution: See Below
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> <div>1239.34</div> </div>	

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>07 / 19 / 2015</div> </div>
Mailing Address PO Box 441146		Transaction ID : VPFHSEX06Q5E
City West Somerville	State MA	
Zip Code 02144-0031		Amount of Each Receipt this Period <div> <div></div> <div>989.34</div> </div>
FEC ID number of contributing federal political committee. C C00401224		
Name of Employer	Occupation Conduit total listed in Agg. field	[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> <div>126338.69</div> </div>	

Full Name (Last, First, Middle Initial) C. Michael Berman		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2015</div> </div>
Mailing Address 1600 Johnson St		Transaction ID : VPFHSFRW713
City Key West	State FL	
Zip Code 33040-4930		Amount of Each Receipt this Period <div> <div></div> <div>250.00</div> </div>
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div> <div></div> <div>450.00</div> </div>	

SUBTOTAL of Receipts This Page (optional)	<div> <div></div> <div>1239.34</div> </div>
TOTAL This Period (last page this line number only)	<div> <div></div> </div>